

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS389AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST JOSEPH GROUP CARE 9</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 HANCOCK STREET LAS VEGAS, NV 89110</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 9/25/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility was licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category I residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C.  The following deficiencies were identified:	Y 000		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Surveyor: 28276	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1  Based on observation on 9/25/09, the facility failed to ensure the premises was well maintained.  Findings include:  The back yard of the facility was full of weeds.  Based on observation on 9/25/09, the facility failed to ensure 2 of 2 containers used to store garbage outside the facility were covered.  The facility failed to provide screens on 3 of 4 bedroom windows (Bedroom #1, #2, #4) to prevent the entry of insects.  This is a repeat deficiency from the 11/6/07 and 10/17/08 State Licensure surveys.  Severity: 2    Scope: 3	Y 178			
Y 273 SS=E	449.2175(4) Service of Food - Special Diets  NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 9/25/09, the facility failed to provide a low cholesterol, low fat, or diabetic diet to 3 of 6 residents prescribed	Y 273			

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Y 273	Continued From page 2  a special diet (Resident #1, #2 and #4). Resident #1 was prescribed a low cholesterol and low fat diet. Resident #2 and #4 were prescribed a diabetic diet. On 9/25/09 at 9:58 AM Employee #1 and #3 stated none of the current residents were prescribed a special diet.  Severity: 2      Scope: 3	Y 273		
Y 321 SS=E	449.220(2)(a)(b) Bedroom Doors - Single Motion Locks  NAC 449.220 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key. (b) The doors of the bedrooms may be unlocked from outside the room and the keys are readily available at all times.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 9/25/09, the facility failed to ensure the locks on 1 of 4 bedroom doors (Bedroom #3) could be opened with a single motion.	Y 321		

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Y 321	Continued From page 3  Severity: 2 Scope: 2	Y 321		
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection  NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 9/25/09, the facility failed to ensure that 1 of 1 facility fire extinguishers were inspected annually. The fire extinguisher still read in the green area, but the inspection was dated 9/15/08.  Severity: 1 Scope: 3	Y 435		
Y 885 SS=F	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.	Y 885		

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Y1010	Continued From page 5  training. Employee #4 was hired February of 2009 and failed to provide evidence of mental illness training.  Severity: 2    Scope: 3	Y1010		

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